

IDAHO EMS BUREAU
EMS DEDICATED GRANT FUND APPLICATION FY2007
Due May 31, 2006

EMS REGIONAL CONSULTANT REVIEW

Regional Consultant Signature

Pending EMS License Change: ☐

Date

I. AGENCY INFORMATION

Agency Name: _____ EMS License #: _____

2005 Call Volume: _____

Estimated Population in Your Primary Response Area:

Residents _____ Migrants _____ Tourists _____

Primary Grant Contact: _____

Contact Information: Phone #: _____ Other/E-Mail: _____

II. FINANCIAL INFORMATION (NOT PROJECTED) (Refer to Instructions Pages 3-4)

From: Month _____ Year _____ Through: Month _____ Year _____

INCOME

FUNDING SOURCE	REVENUE
Ambulance Taxing District	
Fire Taxing District	
Hospital Taxing District	
General Fund	
State Motor Vehicle Funds	
Grant Funds	
Patient Billing	
Donations / In Kind Contrib.	
Cash On Hand	
Investment Income	
Other	
TOTAL	

EXPENSES

CATEGORY	EXPENSES
Personnel	
Operating	
Capital	
Other	
TOTAL	

Verification Contact: _____

Contact Information: Phone #: _____ Other/E-Mail: _____

III. EMERGENCY VEHICLE APPLICATION INFORMATION

Vehicle(s) requested:

Priority #	Make	Model	Purpose	Configuration	4x4	Base Price	\$ Request
1							
2							
3							
4							

Total number of licensed vehicles used for emergency medical services in agency fleet: _____

Similar vehicle(s) currently in use:

Make	Model	Purpose	Configuration	4x4	Mileage	License #	VIN #

Vehicle(s) to be replaced: (Refer to Instructions Pages 5 – 6)

DO NOT COMPLETE THIS TABLE IF VEHICLE IS TO BE RETAINED FOR CURRENT PURPOSE

For Priority #	Condition	Age	License #

4x4 Needed (% of calls):

☐ 0% - 20 %

☐ 21% - 40%

☐ 41% - 60%

☐ 61% - 80%

☐ 81% - 100%

Pictures of vehicle(s) to be replaced (3/4 view from back and 3/4 view from front).

Copy of registration or title to vehicle being replaced.

City or County to be named on new vehicle title: _____

Snowmobiles, boats, ATVs, trailers, etc. may be requested in the “EQUIPMENT” section.

IV. EMS EQUIPMENT APPLICATION INFORMATION

Equipment requested: *

Priority #	Description	Quantity	Anticipated Use	Time per Use	Purpose	Base Price	\$ Request
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Similar equipment currently in use:

Description	Purpose	Condition	Age	Distance	Time	Replace?

* **Adult and pediatric epinephrine auto-injectors may be requested. Refer to instructions.**

Equipment such as snowmobiles, boats, ATVs, trailers, etc. may be requested using the “Rescue” category for “Purpose”.

V. SIGNATURE

I hereby certify that the information contained in this application is true and correct.

Signature of person authorized to sign for agency: _____

Printed name and title: _____

Date: _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR COMPLETION OF THE APPLICATION:

Attachment Name (Place ✓ for applicable entries)	
Completed <i>Request for Taxpayer Identification Number and Certification</i> (W-9)	
City and/or County endorsement(s) (one minimum)	
Vehicle price quotes for each vehicle being requested	
Narrative of need for each vehicle being requested	
Pictures of vehicle(s) to be replaced (minimum of two views)	
Copy of registration or title of vehicle(s) to be replaced	
Equipment price quote(s) for each equipment item being requested	
Narrative of need(s) for each equipment item being requested	

THE FOLLOWING INFORMATION IS REQUIRED FOR GRANT ELIGIBILITY:

Estimated resident population in primary response area in Idaho
Estimated migrant population in primary response area in Idaho
Estimated tourist population in primary response area in Idaho
Financial information (most recently <u>completed</u> 12-month period)
Funding sources and revenue generated by source
Contact person for fiscal information
Age and condition of vehicle or equipment being replaced, if applicable
Prioritization of need (pre-numbered in table)